

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12224

ATTENTION: Date of
Physical, Office Stamp and
Physician Signature Needed.

PHYSICAL FITNESS CERTIFICATION

PX _____
B.P. _____
VISION _____
REVIEW _____

City School District of the
City of Binghamton 98 Oak Street, Binghamton, N.Y. 13905
(name of school) (address)

.....
(name of applicant) (address)

.....
(date of birth) (sex)

INSTRUCTIONS: Complete part A unless certificate is limited — in
which case complete part B.

A.e I hereby certify that I have examined the above named applicante

.....
(date) (signature of physician and address)

B.e I hereby certify that I have examined the above named applicarte
and find he has a disability that requires limited employment.e

- (1)e Disability —
- (2)e Occupation —
- (3) Employer —

.....
(date) (signature of physician and address)

If a limited certificate is indicated, the disability, occupation, and
employer must be indicated to make this certificate valid.